

8879

IRS e-file Signature Authorization

OMB No. 1545-0074

Form (Rev. January 2021) Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. Go to www.irs.gov/Form8879 for the latest information.

Transmission Identification Number (SID)

Taxpayer's name ELAINE FARRELL

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2024

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

Table with 5 rows: 1 Adjusted gross income -25,000, 2 Total tax, 3 Federal income tax withheld, 4 Amount you want refunded to you, 5 Amount you owe 0.

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize SEDACCA ACCOUNTANCY CORPORATION to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature [Signature] Date 03/13/2026

Spouse's PIN: check one box only

I authorize [ ] to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature [ ] Date [ ]

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [ ] Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above.

ERO's signature [ ] Date [ ]

419995 04-01-24 ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

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**Tax Year 2024 e-file Jurat/Disclosure  
for Form 1040 or 1040NR  
using Practitioner PIN method  
(with or without Electronic Funds Withdrawal)**

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**ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

**I am signing this Tax Return by entering my PIN below.**

ERO's PIN

                      
(enter EFIN plus 5 self-selected numerics)

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**Taxpayer Declarations**

**Perjury Statement**

**Perjury Statement (1040 and 1040NR)**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

**Perjury Statement (1040X)**

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

**Electronic Funds Withdrawal Consent**

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.**

Taxpayer's PIN:           

Date 03132026

Spouse's PIN:

For the year Jan. 1 - Dec. 31, 2024, or other tax year beginning , ending

See separate instructions.

Your first name and middle initial

Last name

Your social security number

FAINE  
if return, spouse's first name and middle initial

FARRELL  
Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

City, town, or post office. If you have a foreign address, also complete spaces below.

State ZIP code

Foreign country name

Foreign province/state/country

Foreign postal code

You  Spouse

Filing Status

- Single
Married filing jointly (even if only one had income)
Married filing separately (MFS)
Head of household (HOH)
Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent

Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Dependents (see instructions):

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents. Includes entry for SON.

Income

- 1a Total amount from Form(s) W-2, box 1
1b Household employee wages not reported on Form(s) W-2
1c Tip income not reported on line 1a
1d Medicaid waiver payments not reported on Form(s) W-2
1e Taxable dependent care benefits from Form 2441, line 26
1f Employer-provided adoption benefits from Form 8839, line 29
1g Wages from Form 8919, line 6
1h Other earned income
1i Nontaxable combat pay election
1z Add lines 1a through 1h

Table for Income Deductions: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount.

Standard Deduction for -

- Single or Married filing separately, \$14,600
Married filing jointly or Qualifying surviving spouse, \$29,200
Head of household, \$21,900
If you checked any box under standard deduction, see instructions.

- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here
8 Additional income from Schedule 1, line 10
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income
10 Adjustments to income from Schedule 1, line 26
11 Subtract line 10 from line 9. This is your adjusted gross income
12 Standard deduction or itemized deductions (from Schedule A)
13 Qualified business income deduction from Form 8995 or Form 8995-A
14 Add lines 12 and 13
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	0.

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	0.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	36	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	36	0.

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	0.
	38	Estimated tax penalty (see instructions)	38	

**Third Party Signee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes. Complete below.**  **No**

Designee's name **JEFFREY SEDACCA** Phone no. \_\_\_\_\_ Personal Identification number (PIN) **11661**

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **BUSINESS OWNER**

Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

**Paid Preparer Use Only** Preparer's name **JEFFREY SEDACCA** Preparer's signature \_\_\_\_\_ PTIN \_\_\_\_\_

Check if:  Self-employed

Firm's name **SEDACCA ACCOUNTANCY CORPORATION** Phone no. \_\_\_\_\_

Firm's address \_\_\_\_\_ Firm's EIN \_\_\_\_\_

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **01**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**AINE FARRELL**

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

**Note:** The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See [www.irs.gov/1099k](http://www.irs.gov/1099k).

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions)		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-25,000.
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss	<b>8a</b>	( )
<b>b</b>	Gambling	<b>8b</b>	
<b>c</b>	Cancellation of debt	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )
<b>e</b>	Income from Form 8853	<b>8e</b>	
<b>f</b>	Income from Form 8889	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends	<b>8g</b>	
<b>h</b>	Jury duty pay	<b>8h</b>	
<b>i</b>	Prizes and awards	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income	<b>8j</b>	
	Stock options	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions)	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions)	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions)	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated	<b>8u</b>	
<b>v</b>	Digital assets received as ordinary income not reported elsewhere. See instructions	<b>8v</b>	
<b>z</b>	Other income. List type and amount:	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	-25,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2024

**Part II Adjustments to Income**

<b>11</b>	Educator expenses .....	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	<b>12</b>	
	Health savings account deduction. Attach Form 8889 .....	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 .....	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE .....	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans .....	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction .....	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings .....	<b>18</b>	
<b>19a</b>	Alimony paid .....	<b>19a</b>	
<b>b</b>	Recipient's SSN .....		
<b>c</b>	Date of original divorce or separation agreement (see instructions): .....		
<b>20</b>	IRA deduction .....	<b>20</b>	
<b>21</b>	Student loan interest deduction .....	<b>21</b>	
<b>22</b>	Reserved for future use .....	<b>22</b>	
<b>23</b>	Archer MSA deduction .....	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) .....	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit .....	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m .....	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses .....	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 .....	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans .....	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans .....	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) .....	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations .....	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 .....	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) .....	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: .....	<b>24z</b>	
	.....		
<b>25</b>	Total other adjustments. Add lines 24a through 24z .....	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 .....	<b>26</b>	

Schedule A

Charitable Contributions Limitation

NAME ELAINE FARRELL

60% Contributions

60% of AGI ..... 0.
Contributions qualifying for 60% limit .....
3. Allowable 60% contributions .....

50% Contributions

4. 50% of AGI ..... 0.
5. Contributions qualifying for 50% limit .....
6. Allowable 50% contributions (lesser of Line 4 - Line 3 or Line 5) .....

30% Contributions

7. Remaining 50% limit (Line 4 less Lines 3 and 6) .....
8. Less capital gain property - special 30% limits .....
9. Balance of 50% of AGI .....
10. 30% of AGI .....
11. Contributions qualifying for 30% limit .....
12. Allowable 30% contributions (lesser of Line 9, 10 or 11) .....

30% Special Contributions

13. 30% of AGI .....
14. Contributions qualifying for 30% special limit .....
15. Remaining 50% limit (Line 4 less the sum of Lines 3, 6 and 12) .....
16. Allowable 30% special contribution (lesser of Line 13, 14 or 15) .....

20% Contributions

17. 20% of AGI .....
18. 30% of AGI .....
Allowed 30% regular contributions .....
Line 18 less Line 19 .....
21. Allowed 30% special contributions .....
22. Line 18 less Line 21 .....
23. Remaining 50% limit (Line 4 less the sum of Lines 3, 6, 12, and 16) .....
24. Contributions subject to the 20% limitation .....
25. Allowable 20% contributions (lesser of Line 17, 20, 22, 23 or 24) .....

50% and 100% Conservation Real Property Contributions

26. Remaining 50% limit (Line 4 less the sum of Lines 3, 6, 12, 16 and 25) .....
27. Conservation real property contribution subject to 50% limit .....
28. Allowable 50% conservation real property contribution (lesser of Line 26 or 27) .....
29. Remaining 100% of AGI .....
30. Conservation real property contribution subject to 100% limit .....
31. Allowable 100% conservation real property contribution (lesser of Line 29 or 30) .....

Total charitable contributions to Schedule A

32. Total 2024 contributions allowed on Schedule A .....
33. Total prior year carryovers allowed on Schedule A .....
34. Total charitable contributions to Schedule A, Line 14 .....

**SCHEDULE E**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**ELAINE FARRELL**

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099?  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A**  
**B**  
**C**

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	4	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 366		<input type="checkbox"/>
B	1		B 366		<input type="checkbox"/>
C	1		C 366		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:		Properties		
		A	B	C
3	Rents received	3		
4	Royalties received	4		
<b>Expenses:</b>				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7		
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11		
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14		
15	Supplies	15		
16	Taxes	16		
17	Utilities	17		
18	Depreciation expense or depletion	18		
19	Other (list)	19		
20	Total expenses. Add lines 5 through 19	20		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	0.	0.
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( 2,990.)	( 22,010.)
23a	Total of all amounts reported on line 3 for all rental properties	23a		
23b	Total of all amounts reported on line 4 for all royalty properties	23b		
23c	Total of all amounts reported on line 12 for all properties	23c		
23d	Total of all amounts reported on line 18 for all properties	23d		
23e	Total of all amounts reported on line 20 for all properties	23e		
24	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	24		0.
25	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( 25,000.)	
<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2		26		-25,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2024

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ELAINE FARRELL

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section

Table with 6 columns: (a) Name, (b) Enter P for partnership S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: PORTA BELLA DESIGN SOURCE, INC., S, [ ], [ ], [ ], [ ]

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Row A: [ ], [ ], 0, [ ], [ ]

29a Totals, 29b Totals, 30 Add columns (h) and (k) of line 29a, 31 Add columns (g), (i), and (j) of line 29b, 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: [ ], [ ]

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Row A: [ ], [ ], [ ], [ ]

34a Totals, 34b Totals, 35 Add columns (d) and (f) of line 34a, 36 Add columns (c) and (e) of line 34b, 37 Total estate and trust income or (loss). Combine lines 35 and 36

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row A: [ ], [ ], [ ], [ ], [ ]

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

Part V Summary

Table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Also, complete line 42 below. Row 41: Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals. Includes STATEMENT 2 -25,000.

**2024 Income from Passthroughs**

PORTA BELLA DESIGN SOURCE, INC.

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

MANUFACTURING/RETAIL OF FURNITURE

NONPASSIVE

2024 DEPRECIATION AND AMORTIZATION REPORT

RANCH -

SCHEDULE B-1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	07/29/14	L				730,054.				730,054.	0.		0.	0.
2	RANCH	07/29/14	SL	39.00	MM	17	1,095,080.				1,095,080.	265,581.		0.	265,581.
3	LOAN FEES	07/29/14		12M		43	43,145.				43,145.	43,145.		0.	43,145.
4	LAND	07/29/14	L				361,426.				361,426.	0.		0.	0.
5	RANCH	07/29/14	SL	39.00	MM	17	542,139.				542,139.	131,480.		0.	131,480.
6	LOAN COST	12/12/16		120M		43	5,613.				5,613.	5,613.		0.	5,613.
16	TRUCKS - TOYOTA	11/22/21	200DE	5.00	MO	17	15,000.			15,000.	0.	0.		0.	0.
17	TRUCKS - FORD	11/03/21	200DE	5.00	MO	17	5,000.			5,000.	0.	0.		0.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.						2,797,457.			20,000.	2,777,457.	445,819.		0.	445,819.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL

SCHEDULE E-2

Asset No.	Description	Date Acquired	Method	Life	C o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	LAND	12/21/17	L				3,678,039.				3,678,039.	0.		0.	0.
8	BUILDING	12/21/17	SL	27.50	MM	17	1,226,013.				1,226,013.	269,350.		0.	269,350.
9	LOAN FEES	12/21/17		12M		43	97,368.				97,368.	97,368.		0.	97,368.
10	LOAN FEES - COMERICA	08/08/18	461	12M		43	7,671.				7,671.	7,671.		0.	7,671.
11	LOAN FEES - PREMIER	11/29/18	461	360M		43	9,405.				9,405.	1,596.		0.	1,596.
	* GRAND TOTAL SCH E DEPR. & AMORT.						5,018,496.				5,018,496.	375,985.		0.	375,985.

2024 DEPRECIATION AND AMORTIZATION REPORT

SINGLE FAMILY RESIDENTIAL RENTAL

SCHEDULE E-3

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	LOAN FEES	04/30/19	461	360M		43	233,768.				233,768.	36,363.		0.	36,363.
15	RANGE ROVER	06/23/20	200DE	5.00	EV21		96,829.			96,829.	0.	0.		0.	0.
18	LOAN FEES	01/25/21	461	12M		43	22,889.				22,889.	22,889.		0.	22,889.
	BUILDINGS														
13	BUILDING	01/31/19	SL	27.50	MM17		11203618.				11203618.	2,020,045.		0.	2,020,045.
	* SCH E TOTAL BUILDINGS						11203618.				11203618.	2,020,045.		0.	2,020,045.
	LAND														
12	LAND	01/31/19	L				1,244,847.			1,244,847.	1,244,847.	0.		0.	0.
	* SCH E TOTAL LAND						1,244,847.			1,244,847.	1,244,847.	0.		0.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.						12801951.			96,829.	12705122.	2,079,297.		0.	2,079,297.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# Schedule E - Two-Year Comparison Worksheet

# 2024

Property Name:

RANCH

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
<b>EXPENSES</b>			
AUTO AND TRAVEL	9,985.	0.	-9,985.
INSURANCE	53,832.	0.	-53,832.
LEGAL AND OTHER PROFESSIONAL FEES	9,460.	0.	-9,460.
MORTGAGE INTEREST	421,030.	0.	-421,030.
REPAIRS	126,489.	0.	-126,489.
TAXES	800.	0.	-800.
UTILITIES	85,487.	0.	-85,487.
OTHER	133,208.	0.	-133,208.
SUBTOTAL	840,291.	0.	-840,291.
DEPRECIATION EXPENSE OR DEPLETION	41,980.	0.	-41,980.
TOTAL EXPENSES	882,271.	0.	-882,271.
INCOME OR (LOSS)	-882,271.	0.	882,271.
DEDUCTIBLE RENTAL LOSS *	-882,271.	-2,990.	879,281.
* INCLUDES PASSIVE ACTIVITY LOSS			

# Schedule E - Two-Year Comparison Worksheet

# 2024

Property Name:

RESIDENTIAL RENTAL

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
<b>EXPENSES</b>			
INSURANCE	7,968.	0.	-7,968.
LEGAL AND OTHER PROFESSIONAL FEES	34,325.	0.	-34,325.
MORTGAGE INTEREST	148,151.	0.	-148,151.
REPAIRS	190,079.	0.	-190,079.
TAXES	75,374.	0.	-75,374.
UTILITIES	10,205.	0.	-10,205.
OTHER	10,773.	0.	-10,773.
SUBTOTAL	476,875.	0.	-476,875.
DEPRECIATION EXPENSE OR DEPLETION	44,582.	0.	-44,582.
TOTAL EXPENSES	521,457.	0.	-521,457.
INCOME OR (LOSS)	-521,457.	0.	521,457.
DEDUCTIBLE RENTAL LOSS *	-521,457.	0.	521,457.
* INCLUDES PASSIVE ACTIVITY LOSS			

# Schedule E - Two-Year Comparison Worksheet

# 2024

Property Name:

SINGLE FAMILY RESIDENTIAL RENTAL

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
<b>INCOME</b>			
RENTS RECEIVED	1,170,000.	0.	-1,170,000.
<b>EXPENSES</b>			
COMMISSIONS	55,500.	0.	-55,500.
INSURANCE	55,352.	0.	-55,352.
LEGAL AND OTHER PROFESSIONAL FEES	20,400.	0.	-20,400.
MORTGAGE INTEREST	685,477.	0.	-685,477.
OTHER INTEREST	91,241.	0.	-91,241.
REPAIRS	51,386.	0.	-51,386.
TAXES	325,204.	0.	-325,204.
UTILITIES	24,545.	0.	-24,545.
OTHER	17,366.	0.	-17,366.
SUBTOTAL	1,326,471.	0.	-1,326,471.
DEPRECIATION EXPENSE OR DEPLETION	407,404.	0.	-407,404.
TOTAL EXPENSES	1,733,875.	0.	-1,733,875.
INCOME OR (LOSS)	-563,875.	0.	563,875.
DEDUCTIBLE RENTAL LOSS *	-563,875.	-22,010.	541,865.
INCLUDES PASSIVE ACTIVITY LOSS			

Name(s) shown on return

Identifying number

**ELAINE FARRELL**

**A Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT).** Are you both (a) an "applicable corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the meaning of section 59A(e) for the BEAT? See instructions  Yes  No

**Part I Credits Not Allowed Against Tentative Minimum Tax (TMT)**

Complete applicable portions of Parts III and IV before Parts I and II. See instructions.

1 Credits not subject to the passive activity limit from Part III, line 2: combine column (e) with non-passive amounts from column (f) .....	1	
2 Credits subject to the passive activity limit. Combine Part III, line 2, column (d), and passive amounts included on line 2, column (f); and Part IV, line 6, column (d) ...	2	
3 Enter the portion of line 2 allowed for 2024 .....	3	
4 Enter the portion of Part IV, column (f), line 6, that is from carryforwards to 2024 .....	4	4,805.
Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		
5 Enter the portion of Part IV, column (f), line 6, that is from carrybacks from 2025 .....	5	
6 Add lines 1, 3, 4, and 5 .....	6	4,805.

**Part II Figuring Credit Allowed After Limitations**

**Section A - Figuring Credit Allowed After Section 38(c)(1) Limitation Based on Amount of Tax**

7 Regular tax before credits: <ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16; and Schedule 2 (Form 1040), line 1z.</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2 (excluding the base erosion minimum tax entered on line 1f); or the applicable line of your return.</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a, 1b, and 1d, plus any Form 8978 amount included on line 1e; or the amount from the applicable line of your return.</li> </ul>	7	0.
8 Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 11.</li> <li>Corporations. Enter the amount from Form 4626, Part II, line 13.</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.</li> </ul>	8	
9 Add lines 7 and 8 .....	9	
10a Foreign tax credit .....	10a	
10b Certain allowable credits (see instructions) .....	10b	
10c Add lines 10a and 10b .....	10c	
11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 .....	11	
12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- .....	12	
13 Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over \$25,000. See instructions .....	13	
14 Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 9.</li> <li>Corporations. Enter -0-.</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52.</li> </ul>	14	
15 Enter the greater of line 13 or line 14 .....	15	
16 Subtract line 15 from line 11. If zero or less, enter -0- .....	16	0.
17 Enter the smaller of line 6 or line 16. This is the amount of your credit allowed after the limitation of section 38(c)(1) .....	17	
<b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

For Paperwork Reduction Act Notice, see separate instructions.

**Part II Figuring Credit Allowed After Limitations** *(continued)*

**Section B - Figuring Section 38(c)(2) Empowerment Zone and Community Renewal Employment Credit Allowed**

Note: If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on line 26.

Multiply line 14 by 75% (0.75). See instructions	18	
19 Enter the greater of line 13 or line 18	19	
20 Subtract line 19 from line 11. If zero or less, enter -0-	20	
21 Subtract line 17 from line 20. If zero or less, enter -0-	21	
22 Combine the amounts from line 3 of Part III, column (e), with the amount from line 3 of Part IV, column (f)	22	
23 Passive activity credit from line 3 of Part III, column (d), plus the amount from line 3 of Part IV, column (d)	23	
24 Enter the applicable passive activity credit allowed for 2024. See instructions	24	
25 Add lines 22 and 24	25	
26 Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.

**Section C - Figuring the Specified Credit Amount Allowed Under Section 38(c)(4)**

27 Subtract line 13 from line 11. If zero or less, enter -0-	27	0.
28 Add lines 17 and 26	28	
29 Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30 Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (f). See instructions	30	
31 Reserved	31	
32 Passive activity credits from line 5 of Part III: combine column (d) with passive amounts in column (f). See instructions	32	
33 Enter the applicable passive activity credits allowed for 2024. See instructions	33	
34 Carryforward of business credit to 2024. If completing Part IV and carrying forward a business credit(s), see instructions Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>	34	
35 Carryback of business credit from 2025. If completing Part IV and carrying back a business credit(s), see instructions	35	
36 Add lines 30, 33, 34, and 35	36	
37 Enter the smaller of line 29 or line 36. This is the amount allowed for specified credits	37	

**Section D - Credits Allowed After Limitations**

38 Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040), line 6a.</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c.</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b.</li> </ul>	38	0.
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**Part IV** **Carryovers of General Business Credits (GBCs)** (see instructions)

	(a) No. of items	(b) Originating tax year	(c) Pass-through entity EIN	Subject to the passive activity limits		(f) Not subject to passive activity limits	(g) Amount of columns (e) and (f) applied against tax in Part II	(h) Amount of columns (e) and (f) recaptured or otherwise adjusted	(i) Carryforward to 2025. Subtract the sum of columns (g) and (h) from the sum of columns (e) and (f)
				(d) Before the passive activity limitations	(e) After the passive activity limitations				
1a	Form 3468, Part II								
b	Form 7207								
c	Form 6765								
d	Form 3468, Part III								
e	Form 8826								
f	Form 8835, Part II								
g	Form 7210								
h	Form 8820								
i	Form 8874								
j	Form 8881, Part I								
k	Form 8882								
l	Form 8864								
m	Form 8896								
n	Form 8906								
o	Form 3468, Part IV								
p	Form 8908								
q	Reserved								
r	Reserved								
s	Form 8911								
t	Form 8830								
u	Form 7213, Part II								
v	Form 3468, Part V								
w	Form 8932								
x	Form 8933								
y	Form 8936, Part II	2017				4,805.			4,805.
z	Reserved								
aa	Form 8936, Part V								
bb	Form 8904								
cc	Form 7213, Part I								
dd	Form 8881, Part II								
ee	Form 8881, Part III								
ff	Form 8864								
gg	Reserved								
hh	Reserved								
ii	Reserved								
jj	Reserved								
zz	Other								

Part IV Carriers of General Business Credits (GBCs) (see instructions) (continued)

	(a) No. of items	(b) Originating tax year	(c) Pass-through entity EIN	Subject to the passive activity limits		(f) Not subject to passive activity limits	(g) Amount of columns (e) and (f) applied against tax in Part II	(h) Amount of columns (e) and (f) recaptured or otherwise adjusted	(i) Carryforward to 2025. Subtract the sum of columns (g) and (h) from the sum of columns (e) and (f)
				(d) Before the passive activity limitations	(e) After the passive activity limitations				
2a	Form 5884-A								
b	Form 5886 (pre-2008)								
c	Form 8845								
d	Form 8907								
e	Form 8909								
f	Form 8923								
g	Form 8834								
h	Form 8931								
i	Form 1065-B								
j	Form 5884 (pre-2007)								
k	Form 6478 (pre-2005)								
l	Form 8846 (pre-2007)								
m	Form 8900 (pre-2008)								
n	Trans-Alaska pipeline liability								
o	Form 5884-A, Section A								
p	Form 5884-A, Section B								
q	Form 5884-A, Section A								
r	Form 5884-A, Section B								
s	Form 5884-B								
t	Form 8847								
u	Form 8861								
v	Form 8884								
w	Form 8942								
x	Form 8910								
y	Reserved								
z	Reserved								
zz	Other credits (see inst.)								
3	Form 8844								

Part IV Carriers of General Business Credits (GBCs) (see instructions) (continued)

4	Credits carried over to tax year 2024	(a) No. of items	(b) Originating tax year	(c) Pass-through entity EIN	Subject to the passive activity limits			(g) Amount of columns (e) and (f) applied against tax in Part II	(h) Amount of columns (e) and (f) recaptured or otherwise adjusted	(f) Carryover	(i) Carryforward to 2025. Subtract the sum of columns (g) and (h) from the sum of columns (e) and (f)
					(d) Before the passive activity limitations	(e) After the passive activity limitations	(f) Not subject to passive activity limits				
4	<b>Specified credits:</b>										
a	Form 3468, Part VI										
b	Form 5884										
c	Form 6478										
d	Form 8586 (post-2007)										
e	Form 8835										
f	Form 8846										
g	Form 8900										
h	Form 8941										
i	Form 6765 ESB credit										
j	Form 8994										
k	Form 3468, Part VII (post-2007)										
l	Reserved										
m	Reserved										
y	ESBC (see inst.)										
z	Other specified credits										
5	Add lines 4a - 4z										
6	Add lines 1a through 2z								4,805.	4,805.	4,805.
7	Add lines 3, 5, and 6								4,805.	4,805.	4,805.

Form 3800 (2024)

Name(s) shown on tax return

Identifying number

**ELAINE FARRELL****SECTION D - Election To Deduct Federally Declared Disaster Loss in Preceding Tax Year (See instructions.)****Part I Election Statement**

By providing all of the information below, the taxpayer elects, under section 165(i) of the Internal Revenue Code, to deduct a loss attributable to a federally declared disaster and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year the loss was sustained.

Attach this Section D to your return or amended return for the tax year immediately preceding the tax year the loss was sustained to claim the disaster loss deduction.

52 Provide the name or a description of the federally declared disaster.

**LOS ANGELES COUNTY WILDFIRES IN PACIFIC PALISADES DR-4856-CA**

53 Provide the date or dates (mm/dd/yyyy) of the loss or losses attributable to the federally declared disaster.

**01/07/25**

54 Specify the address, including the city or town, county or parish, state, and ZIP code where the damaged or destroyed property was located at the time of the disaster.

**Part II Revocation of Prior Election**

By providing all of the information below, the taxpayer revokes the prior election under section 165(i) of the Internal Revenue Code to deduct a loss attributable to a federally declared disaster and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year the loss was sustained.

Attach this Section D to your amended return for the tax year immediately preceding the tax year the loss was sustained to remove the previous disaster loss deduction.

55 Provide the name or a description of the federally declared disaster and the address of the property that was damaged or destroyed and for which the election was claimed.

56 Specify the date (mm/dd/yyyy) you filed the prior election, which you are now revoking. (See instructions and note that new rules went into effect on October 13, 2016.)

57 Enclose your payment or otherwise provide evidence for, or explanation of, your arrangements for the repayment of the amount of any credit or refund which you received and which resulted from the prior election (which you are now revoking).

Form 4684 (2024)

Name(s) shown on tax return

Identifying number

**ELAINE FARRELL****SECTION D - Election To Deduct Federally Declared Disaster Loss in Preceding Tax Year (See instructions.)****Part I Election Statement**

By providing all of the information below, the taxpayer elects, under section 165(i) of the Internal Revenue Code, to deduct a loss attributable to a federally declared disaster and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year the loss was sustained.

Attach this Section D to your return or amended return for the tax year immediately preceding the tax year the loss was sustained to claim the disaster loss deduction.

52 Provide the name or a description of the federally declared disaster.

**LOS ANGELES COUNTY WILDFIRES IN PACIFIC PALISADES DR-4856-CA**

53 Provide the date or dates (mm/dd/yyyy) of the loss or losses attributable to the federally declared disaster.

**01/07/25**

54 Specify the address, including the city or town, county or parish, state, and ZIP code where the damaged or destroyed property was located at the time of the disaster.

**Part II Revocation of Prior Election**

By providing all of the information below, the taxpayer revokes the prior election under section 165(i) of the Internal Revenue Code to deduct a loss attributable to a federally declared disaster and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year the loss was sustained.

Attach this Section D to your amended return for the tax year immediately preceding the tax year the loss was sustained to remove the previous disaster loss deduction.

55 Provide the name or a description of the federally declared disaster and the address of the property that was damaged or destroyed and for which the election was claimed.

56 Specify the date (mm/dd/yyyy) you filed the prior election, which you are now revoking. (See instructions and note that new rules went into effect on October 13, 2016.)

57 Enclose your payment or otherwise provide evidence for, or explanation of, your arrangements for the repayment of the amount of any credit or refund which you received and which resulted from the prior election (which you are now revoking).

Form 4684 (2024)

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**ELAINE FARRELL**

**Part I Alternative Minimum Taxable Income**

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	<b>1</b>	<b>-46,900.</b>
<b>2a</b>	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	<b>2a</b>	<b>21,900.</b>
<b>b</b>	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	<b>2b</b>	
<b>c</b>	Investment interest expense (difference between regular tax and AMT)	<b>2c</b>	
<b>d</b>	Depletion (difference between regular tax and AMT)	<b>2d</b>	
<b>e</b>	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	<b>2e</b>	
<b>f</b>	Alternative tax net operating loss deduction	<b>2f</b>	<b>0.</b>
<b>g</b>	Interest from specified private activity bonds exempt from the regular tax	<b>2g</b>	
<b>h</b>	Qualified small business stock, see instructions	<b>2h</b>	
<b>i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income)	<b>2i</b>	
<b>j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	<b>2j</b>	
<b>k</b>	Disposition of property (difference between AMT and regular tax gain or loss)	<b>2k</b>	
<b>l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	<b>2l</b>	
<b>m</b>	Passive activities (difference between AMT and regular tax income or loss)	<b>2m</b>	<b>0.</b>
<b>n</b>	Loss limitations (difference between AMT and regular tax income or loss)	<b>2n</b>	
<b>o</b>	Circulation costs (difference between regular tax and AMT)	<b>2o</b>	
<b>p</b>	Long-term contracts (difference between AMT and regular tax income)	<b>2p</b>	
<b>q</b>	Mining costs (difference between regular tax and AMT)	<b>2q</b>	
<b>r</b>	Research and experimental costs (difference between regular tax and AMT)	<b>2r</b>	
<b>s</b>	Income from certain installment sales before January 1, 1987	<b>2s</b>	
<b>t</b>	Intangible drilling costs preference	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments	<b>3</b>	
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$875,950, see instructions.)	<b>4</b>	<b>-25,000.</b>

**Part II Alternative Minimum Tax (AMT)**

<b>5</b>	Exemption. <b>IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...</b> Single or head of household ..... \$609,350 ..... \$85,700 Married filing jointly or qualifying surviving spouse ..... 1,218,700 ..... 133,300 Married filing separately ..... 609,350 ..... 66,650 If line 4 is over the amount shown above for your filing status, see instructions.	<b>5</b>	<b>85,700.</b>
<b>6</b>	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	<b>6</b>	<b>0.</b>
<b>7</b>	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • <b>All others:</b> If line 6 is \$232,600 or less (\$116,300 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,652 (\$2,326 if married filing separately) from the result.	<b>7</b>	<b>0.</b>
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions)	<b>8</b>	
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7	<b>9</b>	<b>0.</b>
<b>10</b>	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	<b>10</b>	
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2	<b>11</b>	<b>0.</b>

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 4 columns: Line number, Description, and two empty columns for input. Rows 12-40 contain instructions for tax computation, such as 'Enter the amount from Form 6251, line 6...' and 'Subtract line 16 from line 12...'. Includes conditional instructions for lines 19, 25, and 33-37.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251 Other Adjustment
E-	RANCH - 230 BURMA ROAD , FALLBROOK, CA 92028 * REGULAR INCOME PAL CARRYOVER AMT PAL CARRYOVER PAL DISALLOWED AMT PAL DISALLOWED * AMT NET INCOME	-2,990. 568,359. -568,359. -565,369. 565,369. -2,990.			568,359. -568,359. -565,369. 565,369.	
E-	SINGLE FAMILY RESIDENTIAL RENTAL - 1105 RIVIA * REGULAR INCOME PAL CARRYOVER AMT PAL CARRYOVER PAL DISALLOWED AMT PAL DISALLOWED * AMT NET INCOME	-22,010. 4,184,378. -4,184,378. -4,162,368. 4,162,368. -22,010.			4,184,378. -4,184,378. -4,162,368. 4,162,368.	
	** TOTAL ADJ & PREF **				0.	

**Credits for Qualifying Children  
and Other Dependents**

**2024**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Attachment  
Sequence No. **47**

(s) shown on return

Your social security number

**ELAINE FARRELL**

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR .....	<b>1</b>	-25,000.
<b>2a</b>	Enter income from Puerto Rico that you excluded .....	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 .....	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563 .....	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d .....	<b>3</b>	-25,000.
<b>4</b>	Number of qualifying children under age 17 with the required social security number ...	<b>4</b>	
<b>5</b>	Multiply line 4 by \$2,000 .....	<b>5</b>	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number .....	<b>6</b>	1
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 .....	<b>7</b>	500.
<b>8</b>	Add lines 5 and 7 .....	<b>8</b>	500.
<b>9</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly - \$400,000</li> <li>• All other filing statuses - \$200,000</li> </ul>	<b>9</b>	200,000.
<b>10</b>	Subtract line 9 from line 3. <ul style="list-style-type: none"> <li>• If zero or less, enter -0-.</li> <li>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.</li> </ul>	<b>10</b>	0.
<b>11</b>	Multiply line 10 by 5% (0.05) .....	<b>11</b>	0.
<b>12</b>	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	<b>12</b>	500.
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> .....	<b>13</b>	0.
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> .....	<b>14</b>	0.

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

**15** Check this box if you do **not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

**16a** Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ..... **500.**

**16b** Number of qualifying children under age 17 with the required social security number: 0 x \$1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ..... **0.**

**TIP:** The number of children you use for this line is the same as the number of children you used for line 4.

**17** Enter the **smaller** of line 16a or line 16b ..... **17**

**18a** Earned income (see instructions) ..... **18a**

**18b** Nontaxable combat pay (see instructions) ..... **18b**

**19** Is the amount on line 18a more than \$2,500?  
 **No.** Leave line 19 blank and enter -0- on line 20.  
 **Yes.** Subtract \$2,500 from the amount on line 18a. Enter the result ..... **19**

**20** Multiply the amount on line 19 by 15% (0.15) and enter the result ..... **20**

**Next.** On line 16b, is the amount \$5,100 or more?  
 **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.  
 **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

**21** Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions ..... **21**

**22** Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 ..... **22**

**23** Add lines 21 and 22 ..... **23**

**24** **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11. } ..... **24**

**25** Subtract line 24 from line 23. If zero or less, enter -0- ..... **25**

**26** Enter the **larger** of line 20 or line 25 ..... **26**

**Next,** enter the **smaller** of line 17 or line 26 on line 27.

**Part II-C Additional Child Tax Credit**

**27** This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 ..... **27** **0.**

# Qualified Business Income Deduction Simplified Computation

## 2024

Attachment  
Sequence No. **55**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

(s) shown on return

Your taxpayer identification number

**ELAINE FARRELL**

**Note:** You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)		
3	Qualified business net (loss) carryforward from the prior year <b>STATEMENT 6</b>	2	
	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	3	2,716,076.
	Qualified business income component. Multiply line 4 by 20% (0.20)	4	0.
5	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
6	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )
7	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
8	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
9	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	
10	Taxable income before qualified business income deduction (see instructions)	11	-46,900.
11	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
12	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
13	Income limitation. Multiply line 13 by 20% (0.20)	14	
14	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	
15	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	2,716,076.
16	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	( )

Detail Qualified Business Income Carryforward Worksheet

2024

Entity/ Activity Number	QBI Number	Entity/Activity Name	Type	Year Carried From	Amount Available for Carryover	Reserved
1		NON-QBI RANCH	P	2017	565,369.	
3		NON-QBI SINGLE FAMILY RESIDENTIAL RENTAL	P	2017	1,095,433.	
3		SINGLE FAMILY RESIDENTIAL RENTAL	P	2020	355,610.	
3		SINGLE FAMILY RESIDENTIAL RENTAL	P	2021	1,288,400.	
3		SINGLE FAMILY RESIDENTIAL RENTAL	P	2022	1,422,925.	

**QBI Loss Tracking worksheet**

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.

Code 469 (Enter the Code section limiting your loss.)

**Part I Suspended & Allowed Losses**

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections
1. Pre-2018	-574,871.	.000000%		
2. 2018	0.	.000000%	0.	0.
3. 2019	0.	.000000%	0.	0.
4. 2020	0.	.000000%	-6,512.	0.
5. 2021	0.	.000000%	0.	0.
6. 2022	0.	.000000%	0.	0.
7. 2023	0.	.000000%	0.	0.
8. 2024	0.	.000000%	-2,990.	0.
9. Total	-574,871.		-9,502.	0.

**Part II Non-QBI Suspended and Allowed Losses**

Allocable to Non-QBI										
	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	G(vii). Utilized 2024	H. Remaining suspended losses	
1. Pre-2018	-574,871.	0.	0.	-6,512.	0.	0.	0.	-2,990.	-565,369.	
2. 2018	0.			0.	0.	0.	0.	0.	0.	
3. 2019	0.			0.	0.	0.	0.	0.	0.	
4. 2020	0.	-6,512.							0.	
5. 2021	0.								0.	
6. 2022	0.								0.	
7. 2023	0.								0.	
8. 2024	0.	-2,990.							0.	
9. Total	-574,871.	0.	0.	-6,512.	0.	0.	0.	-2,990.	-565,369.	

**Part III QBI Suspended and Allowed Losses**

Allocable to QBI										
	I. Suspended losses	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	K(vii). Utilized 2024	L. Remaining suspended losses	
1. Pre-2018	0.								0.	
2. 2018	0.		0.	0.	0.	0.	0.	0.	0.	
3. 2019	0.			0.	0.	0.	0.	0.	0.	
4. 2020	0.								0.	
5. 2021	0.								0.	
6. 2022	0.								0.	
7. 2023	0.								0.	
8. 2024	0.								0.	
9. Total	0.	0.	0.	0.	0.	0.	0.	0.	0.	
10. Allocation of allowed losses limited by other Code sections		0.	0.	0.	0.	0.	0.	0.	0.	
11. Total prior year suspended losses allowed that must be incl. in QBI		0.	0.	0.	0.	0.	0.	0.	0.	

**QBI Loss Tracking Worksheet**

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.

Code **469** (Enter the Code section limiting your loss.)

Part I Suspended & Allowed Losses										
	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections						
1.	Pre-2018	-1,134,319.	.000000%							
2.	2018	0.	.000000%	0.						
3.	2019	0.	.000000%	0.						
4.	2020	-355,610.	1.000000%	-16,876.						
5.	2021	-1,288,400.	1.000000%	0.						
6.	2022	-1,422,925.	1.000000%	0.						
7.	2023	0.	.000000%	0.						
8.	2024	0.	.000000%	-22,010.						
9.	Total	-4,201,254.		-38,886.						

Part II Non-QBI Suspended and Allowed Losses										
Allocable to Non-QBI										
	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2016	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	G(vii). Utilized 2024	H. Remaining suspended losses
1.	Pre-2018	-1134319.	0.	0.	-16,876.	0.	0.	0.	-22,010.	-1095433.
2.	2018	0.	0.	0.	0.	0.	0.	0.	0.	0.
3.	2019	0.	0.	0.	0.	0.	0.	0.	0.	0.
4.	2020	0.	-16,876.							
5.	2021	0.	0.							
6.	2022	0.	0.							
7.	2023	0.	0.							
8.	2024	0.	-22,010.							
9.	Total	-1134319.	-38,886.	0.	-16,876.	0.	0.	0.	-22,010.	-1095433.
10.	Allocation of allowed losses limited by other Code sections									
			0.	0.	0.	0.	0.	0.	0.	0.

Part III QBI Suspended and Allowed Losses										
Allocable to QBI										
	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	K(vii). Utilized 2024	L. Remaining suspended losses
1.	Pre-2018									
2.	2018	0.	0.	0.	0.	0.	0.	0.	0.	0.
3.	2019	0.	0.	0.	0.	0.	0.	0.	0.	0.
4.	2020	-355,610.	0.							-355,610.
5.	2021	-1288400.	0.							-1288400.
6.	2022	-1422925.	0.							-1422925.
7.	2023	0.	0.							0.
8.	2024	0.	0.							0.
9.	Total	-3066935.	0.	0.	0.	0.	0.	0.	0.	-3066935.
10.	Allocation of allowed losses limited by other Code sections									
			0.	0.	0.	0.	0.	0.	0.	0.
11.	Total prior year suspended losses allowed that must be incl. in QBI									
			0.	0.	0.	0.	0.	0.	0.	0.

8867

Form (Rev. November 2024) Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. 70

Payee name(s) shown on return AINE FARRELL
Preparer's name JEFFREY SEDACCA

Taxpayer identification number
Preparer tax identification number

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

EIC CTC/ACTC/ODC AOTC HOH

Table with 4 columns: Question, Yes, No, N/A. Contains 8 rows of due diligence questions regarding tax return preparation and documentation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (Rev. 11-2024)

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name

Social Security Number

**PT. AINE FARRELL**

1	Enter your net investment income (Form 8960, line 8 minus line 11) .....	1	-25,000.
2	Nonbusiness capital losses before limitation. Enter as a positive number .....	2	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion) .....	3	
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0- .....	4	0.
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0- .....	5	0.
6	Nonbusiness deductions .....	6	
7	Nonbusiness income other than capital gains .....	7	
8	Add lines 5 and 7 .....	8	
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0- .....	9	0.
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. <b>But do not enter more than line 5</b> .....	10	0.
11	Business capital losses before limitation. Enter as a positive number .....	11	
12	Business capital gains (without regard to any section 1202 exclusion) .....	12	
13	Add lines 10 and 12 .....	13	
14	Subtract line 13 from line 11. If zero or less, enter -0- .....	14	0.
15	Add lines 4 and 14 .....	15	
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15 .....	16	
17	Section 1202 exclusion. Enter as a positive number .....	17	
18	Subtract line 17 from line 16. If zero or less, enter -0- .....	18	
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). Enter as a positive number .....	19	
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0- .....	20	
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0- .....	21	
22	Subtract line 20 from line 15. If zero or less, enter -0- .....	22	0.
23	Domestic production activities deduction .....	23	
24	NOL deduction from Form 8960, line 7. Enter as a positive number .....	24	
25	<b>Form 8960 NOL.</b> Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, this is your current year Form 8960 NOL. If the result is zero or more, you <b>do not</b> have Form 8960 NOL .....	25	-25,000.

**Applicable Portion of NOL for 2024**

1	Form 8960 NOL from line 25 above .....	1	-25,000.
2	NOL from current year Form 172, line 24 .....	2	-25,000.
3	Applicable portion of NOL for 2024. Divide line 1 by line 2. Do not enter more than 1.000 .....	3	1.000000



**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
<b>Total. Enter on Part I, lines 2a, 2b, and 2c</b>					

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>SEE ATTACHED STATEMENT FOR PART VI</b>					
<b>Total</b>		4,752,737.	1.0000000	25,000.	4,727,737.

**Part VII Allocation of Unallowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>SEE ATTACHED STATEMENT FOR PART VII</b>				
<b>Total</b>		4,727,737.	1.000000000	4,727,737.

**Part VIII Allowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>SEE ATTACHED STATEMENT FOR PART VIII</b>				
<b>Total</b>		4,752,737.	4,727,737.	25,000.





Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. SCHEDULE E- 3

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ELAINE FARRELL

SINGLE FAMILY RESIDENTIAL RENTAL

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and three sub-columns for cost/limitation. Includes lines 1-13 for Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 19a-i for various property types.

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Class life, Description, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 20a-d for alternative depreciation system.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary of depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Includes rows 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding written policy statements and requirements for qualified automobile demonstration use. Includes Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI Amortization with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.



**Part II Shareholder Debt Basis** (continued)

**Section B - Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
Debt basis at the beginning of the corporation's tax year				
<b>22</b> Enter the amount, if any, from line 17				
<b>23</b> Debt basis restoration (see instructions)				
<b>24</b> Debt basis before repayment. Add lines 21, 22, and 23				
<b>25</b> Divide line 24 by line 18				
<b>26</b> Nontaxable debt repayment. Multiply line 25 by line 19				
<b>27</b> Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
<b>28</b> Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
<b>29</b> Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
<b>30</b> Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
<b>31</b> Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

**Section C - Gain on Loan Repayment**

<b>32</b> Repayment. Enter the amount from line 19				
<b>33</b> Nontaxable repayments. Enter the amount from line 26				
Reportable gain. Subtract line 33 from line 32				

**Part III Shareholder Allowable Loss and Deduction Items**

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
<b>35</b> Ordinary business loss					
<b>36</b> Net rental real estate loss					
<b>37</b> Other net rental loss					
<b>38</b> Net capital loss					
<b>39</b> Net section 1231 loss					
<b>40</b> Other loss					
<b>41</b> Section 179 deductions					
<b>42</b> Charitable contributions					
<b>43</b> Investment interest expense					
<b>44</b> Section 59(e)(2) expenditures					
<b>45</b> Other deductions					
<b>46</b> Foreign taxes paid or accrued					
<b>47 Total loss.</b> Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					

**ALTERNATIVE MINIMUM TAX  
S Corporation Shareholder Stock and  
Debt Basis Limitations**

Attach to your tax return.  
Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.

Name of shareholder: LAINE FARRELL Identifying number: \_\_\_\_\_  
 A Name of S corporation: PORTA BELLA DESIGN SOURCE, INC. B Employer identification number: \_\_\_\_\_  
 C Stock block (see instructions): \_\_\_\_\_  
 D Check applicable box(es) to indicate how stock was acquired:  
 (1)  Original shareholder (2)  Purchased (3)  Inherited (4)  Gift (5)  Other: \_\_\_\_\_  
 E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation:

**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	937,088.
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
3b	Net rental real estate income (enter losses in Part III)	3b	
3c	Other net rental income (enter losses in Part III)	3c	
3d	Interest income	3d	
3e	Ordinary dividends	3e	
3f	Royalties	3f	
3g	Net capital gains (enter losses in Part III)	3g	
3h	Net section 1231 gain (enter losses in Part III)	3h	
3i	Other income (enter losses in Part III)	3i	
3j	Excess depletion adjustment	3j	
3k	Tax-exempt income	3k	
3l	Recapture of business credits	3l	
3m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	
5	Stock basis before distributions. Add lines 1, 2, and 4	5	937,088.
6	Distributions (excluding dividend distributions) <b>Note:</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	937,088.
8a	Nondeductible expenses	8a	
8b	Depletion for oil and gas	8b	
8c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	937,088.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	937,088.

**Part II Shareholder Debt Basis**

**Section A - Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	( )	( )	( )	( )
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

**Part II Shareholder Debt Basis (continued)**

**Section B - Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

**Section C - Gain on Loan Repayment**

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
Reportable gain. Subtract line 33 from line 32				

**Part III Shareholder Allowable Loss and Deduction Items**

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					

# Form 172 Part I - Net Operating Loss (NOL)

# 2024

Name

Social Security Number

**FARRELL**

For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions) .....		1	-46,900.
2	Nonbusiness capital losses before limitation. Enter as a positive number .....	2	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion) .....	3	
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0- .....	4	0.
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0- .....	5	0.
6	Nonbusiness deductions (see instructions) <b>SEE STATEMENT 18</b> .....	6	21,900.
7	Nonbusiness income other than capital gains (see instructions) .....	7	
8	Add lines 5 and 7 .....	8	
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0- .....	9	21,900.
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. <b>But do not enter more than line 5</b> .....	10	0.
11	Business capital losses before limitation. Enter as a positive number .....	11	
12	Business capital gains (without regard to any section 1202 exclusion) .....	12	
13	Add lines 10 and 12 .....	13	
14	Subtract line 13 from line 11. If zero or less, enter -0- .....	14	0.
15	Add lines 4 and 14 .....	15	
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15 .....	16	
17	Section 1202 exclusion. Enter as a positive number .....	17	
18	Subtract line 17 from line 16. If zero or less, enter -0- .....	18	
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number .....	19	
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0- .....	20	
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0- .....	21	
22	Subtract line 20 from line 15. If zero or less, enter -0- .....	22	
23	NOL deduction for losses from other years. Enter as a positive number .....	23	
24	<b>NOL.</b> Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, this is your current year NOL. If the result is zero or more, you <b>do not</b> have an NOL .....	24	-25,000.

# Alternative Tax Net Operating Loss Worksheet

2024

Name(s) as shown on return

Social Security Number

**ELAINE FARRELL**

Loss for the current year .....			<b>46,900.</b>
2. Net operating loss deduction .....			
3. Excess of nonbusiness deductions over nonbusiness income:			
(A) AMT nonbusiness itemized deductions and adjustments .....			
(B) AMT nonbusiness income .....			
(C) Net nonbusiness capital gains (without regard to any section 1202 exclusion) .....			
(D) Total nonbusiness income .....			
(E) Difference (line 3(A) less 3(D)) not less than zero .....			
4. Excess of nonbusiness capital loss over nonbusiness capital gain .....			
5. Adjusted deduction for business capital loss			
(A) Business capital loss .....			
(B) Line 3(D) minus 3(A), not less than zero. Do not enter more than line 3(C) .....			
(C) Business capital gains (without regard to any section 1202 exclusion) .....			
(D) Total (line 5(B) plus 5(C)) .....			
(E) Difference (line 5(A) less 5(D)) not less than zero .....			
6. Add lines 4 and 5E .....			
7. Enter the loss, if any, from AMT Schedule D, Line 16 .....			
8. Adjusted section 1202 exclusion .....			
9. Line 7 minus line 8 .....			
10. Enter the loss, if any, from AMT Schedule D, line 21 .....			
11. Line 9 minus line 10, not less than zero .....			
12. Line 10 minus line 11, not less than zero .....			
13. Line 6 minus line 11, not less than zero .....			
14. Total adjustment and preference items (Form 6251) .....		<b>21,900.</b>	
15. Total (line 2 + 3(E) + 8 + 12 + 13 + 14) .....			<b>21,900.</b>
Current year alternative tax net operating loss - (line 1 less line 15) .....			<b>25,000.</b>



Name(s)		Social Security Number									
ELAINE FARRELL											
Year Carried From	Amount Available for Carryover/Carryback	Amount Used in 2021	Amount Used in								
2020	638,181.	138,735.									
2022	897,493.	0.									
2023	1,396,354.	0.									
2024	25,000.										
<b>Totals</b>	<b>2,957,028.</b>	<b>138,735.</b>									
Total amount available for carryover		2,957,028.									
Less total amounts used		138,735.									
Less total amounts expired		0.									
Remaining carryover		<u>2,818,293.</u>									

AMT NOL

Detail AMT NOL Carryover Worksheet

2024

Year Carried From	Name(s)	Amount Available for Carryover	Social Security Number														
			Amount Used in 2021	Amount Used in													
2020	ELAINE FARRELL	638,171.	147,932.														
2022		897,493.	0.														
2023		1,395,056.	0.														
2024		25,000.															
<b>Totals</b>		<b>2,955,720.</b>	<b>147,932.</b>														

Total amount available for carryover 2,955,720.  
 Less total amounts used 147,932.  
 Less total amounts expired 0.  
 Remaining carryover 2,807,788.



Election to Waive the Net Operating Loss Carryback Period

Elaine Farrell

Taxpayer Identification Number: [REDACTED]

For the Year Ending December 31, 2024

Elaine Farrell hereby Elects, pursuant to Sec. 172(b)(3) of the Internal Revenue Code, to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended December 31, 2024, and will have such loss available for carryforward only.

Election to Combine Rental Real Estate Interests Into One  
Activity Pursuant to IRC Sec. 469(c)(7)(A)

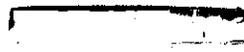
Elaine Farrell



Taxpayer Identification Number: 

For the Year Ending December 31, 2024

Elaine Farrell hereby Elects, pursuant to IRC Sec. 469(c)(7)(A), to combine all rental real estate interests into one activity. For the tax year ending December 31, 2024, Elaine Farrell was a qualifying taxpayer as defined by IRC Sec. 469(c)(7)(B).



FOOTNOTES

STATEMENT 1

THE TAXPAYER WAS A VICTIM OF THE PALISADES FIRE ON 1/7/25 AND IS FILING HER 2024 TAX RETURN TO ELECT CARRYBACK TREATMENT FOR HER CASUALTY LOSS SUFFERED IN THE FIRE. THE TAXPAYER WILL BE FILING AN AMENDED RETURN TO REFLECT THE ACTUAL LOSS INCURRED ONCE SHE HAS RECONSTRUCTED ALL HER RECORDS WHICH WERE DESTROYED IN THE FIRE.

SCHEDULE E RECONCILIATION FOR REAL ESTATE PROFESSIONALS STATEMENT 2

FORM	DESCRIPTION	AMOUNT
SCH E P1	RANCH - <del>REDACTED</del>	-2,990.
SCH E P1	SINGLE FAMILY RESIDENTIAL RENTAL - <del>REDACTED</del>	-22,010.
TOTAL TO SCHEDULE E, LINE 43		-25,000.

FORM 6251 PASSIVE ACTIVITIES STATEMENT 3

NUMBER OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
SINGLE FAMILY RESIDENTIAL RENTAL -	SCH E			
RANCH - <del>REDACTED</del>	SCH E	-22,010.	-22,010.	
<del>REDACTED</del>		-2,990.	-2,990.	
TOTAL TO FORM 6251, LINE 2M				

1(	ATNOL CARRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO QUALIFIED DISASTER LOSSES	
B.	ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE INCLUDED IN LINE 1A	2,782,788.
C.	SUM OF LINE 1A AND LINE 1B	<u>2,782,788.</u>

ATNOLD LIMITATION:

2A.	SUM OF FORM 6251, LINES 1 - 3 WITHOUT LINE 2D AND TREATING LINE 2F AS ZERO	-25,000.
B.	TENTATIVE AMOUNT FOR LINE 2D WHEN TREATING LINE 2F AS ZERO	
C.	SUM OF LINES 2A - 2B. IF ZERO OR LESS, ENTER ZERO (-0-)	<u>0.</u>
3A.	SMALLER OF LINE 1B OR 90% OF LINE 2C	0.
B.	SMALLER OF LINE 1A OR LINE 2C MINUS 3A	
C.	LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 2F	<u>0.</u>



SCHEDULE 8812

CREDIT LIMIT WORKSHEET A

STATEMENT 5

1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR 0.

2. ADD THE FOLLOWING AMOUNTS (IF APPLICABLE) FROM:

- SCHEDULE 3, LINE 1
  - SCHEDULE 3, LINE 2
  - SCHEDULE 3, LINE 3
  - SCHEDULE 3, LINE 4
  - SCHEDULE 3, LINE 5B
  - SCHEDULE 3, LINE 6D
  - SCHEDULE 3, LINE 6F
  - SCHEDULE 3, LINE 6L
  - SCHEDULE 3, LINE 6M
- ENTER THE TOTAL

3. SUBTRACT LINE 2 FROM LINE 1

COMPLETE THE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL OF THE FOLLOWING:

- 1. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS:
  - A. MORTGAGE INTEREST CREDIT, FORM 8396
  - B. ADOPTION CREDIT, FORM 8839
  - C. RESIDENTIAL CLEAN ENERGY CREDIT, FORM 5695, PART I
  - D. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859
- 2. YOU ARE NOT FILING FORM 2555
- 3. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO

4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER -0-; OTHERWISE, ENTER THE AMOUNT FROM THE CREDIT LIMIT WORKSHEET B. 0.

5. SUBTRACT LINE 4 FROM LINE 3. ENTER THIS AMOUNT ON SCHEDULE 8812, LINE 13. 0.

FORM 8995	QUALIFIED BUSINESS NET LOSS CARRYOVER FROM PRIOR YEARS	STATEMENT 6
-----------	--	-------------

TRADE OR BUSINESS NAME	AMOUNT
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS	2,716,076.
TOTAL TO FORM 8995, LINE 3	2,716,076.

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	0.	0.	-4,184,378.		-4184378.
	0.	0.	-568,359.		-568,359.
TOTALS	0.	0.	-4,752,737.		-4752737.

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	SPECIAL ALLOWANCE	REMAINING UNALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	SCH E	4,184,378.	.880414380	22,010.	4,162,368.
	SCH E	568,359.	.119585620	2,990.	565,369.
TOTALS		4,752,737.	1.000000000	25,000.	4,727,737.

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	SCH E	4,162,368.	.880414456	4162368.
	SCH E	565,369.	.119585544	565,369.
TOTALS		4,727,737.	1.000000000	4727737.

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL -	SCH E			
RANCH -	SCH E	4,184,378.	4,162,368.	22,010.
		568,359.	565,369.	2,990.
TOTALS		4,752,737.	4,727,737.	25,000.

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X SINGLE FAMILY RESIDENTIAL RENTAL -	SCH E					
X RANCH		0.	-4184378.	-4184378.	4162368.	22,010.
		0.	-568,359.	-568,359.	565,369.	2,990.
TOTALS		0.	-4752737.	-4752737.	4727737.	25,000.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11

25,000.

II ME

WAGES, SALARIES, TIPS ETC.  
 DIVIDEND INCOME  
 TAXABLE REFUNDS  
 ALIMONY RECEIVED  
 TAXABLE IRA DISTRIBUTIONS  
 TAXABLE PENSIONS AND ANNUITIES  
 UNEMPLOYMENT COMPENSATION  
 OTHER INCOME

INTEREST INCOME  
 ADD: SERIES EE AND I EXCLUSION

BUSINESS INCOME OR LOSS  
 ADD: PASSIVE LOSSES  
 SUBTRACT: PASSIVE INCOME

SALE OF ASSETS  
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES  
 SUBTRACT: PASSIVE INCOME

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS -25,000.  
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES 25,000.  
 SUBTRACT: PASSIVE INCOME

FARM OR FARM RENTAL INCOME OR LOSS 0.  
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES  
 SUBTRACT: PASSIVE INCOME

TOTAL INCOME

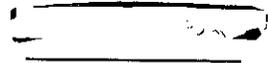
ADJUSTMENTS

MOVING EXPENSES  
 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION  
 PENALTY ON EARLY WITHDRAWAL OF SAVINGS  
 ALIMONY PAID  
 KEOGH/SEP DEDUCTION  
 OTHER ADJUSTMENTS  
 CHARITABLE CONTRIBUTIONS

TOTAL ADJUSTMENTS

TOTAL TO FORM 8582, LINE 6

0.



FORM 8582

ALTERNATIVE MINIMUM TAX  
ACTIVE RENTAL OF REAL ESTATE - PART IV

STATEMENT 13

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	0.	0.	-4,184,378.		-4184378.
	0.	0.	-568,359.		-568,359.
TOTALS	0.	0.	-4,752,737.		-4752737.

FORM 8582

ALTERNATIVE MINIMUM TAX  
LOSSES FROM ACTIVE RENTAL OF REAL ESTATE - PART VI

STATEMENT 14

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	SPECIAL ALLOWANCE	REMAINING UNALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	SCH E	4,184,378.	.880414380	22,010.	4162368.
	SCH E	568,359.	.119585620	2,990.	565,369.
TOTALS		4,752,737.	1.000000000	25,000.	4727737.

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF UNALLOWED LOSSES - PART VII

STATEMENT 15

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	SCH E	4,162,368.	.880414456	4,162,368.
	SCH E	565,369.	.119585544	565,369.
TOTALS		4,727,737.	1.000000000	4,727,737.

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOWED LOSSES - PART VIII

STATEMENT 16

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL -	SCH E			
RANCH -	SCH E	4,184,378.	4,162,368.	22,010.
		568,359.	565,369.	2,990.
TOTALS		4,752,737.	4,727,737.	25,000.

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 17

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X SINGLE FAMILY RESIDENTIAL RENTAL -	SCH E					
X RANCH - BURMASCH E		0.	-4184378.	-4184378.	4162368.	22,010.
		0.	-568,359.	-568,359.	565,369.	2,990.
TOTALS		0.	-4752737.	-4752737.	4727737.	25,000.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 11 25,000.

ELAINE FARRELL

STATEMENT 18

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NOL NONBUSINESS DEDUCTIONS STATEMENT 18

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DESCRIPTION	AMOUNT
STANDARD DEDUCTION	21,900.
TOTAL TO FORM 172, PART I, NOL, LINE 6	21,900.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ELAINE FARRELL

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	072914L				730,054.			730,054.			0.
2	RANCH	072914SL		39.00	17	1095080.			1095080.	265,581.		0.
3	LOAN FEES	072914		12M	43	43,145.			43,145.	43,145.		0.
4	LAND	072914L				361,426.			361,426.			0.
5	RANCH	072914SL		39.00	17	542,139.			542,139.	131,480.		0.
6	LOAN COST	121216		120M	43	5,613.			5,613.	5,613.		0.
16	TRUCKS - TOYOTA	112221200DB		5.00	17	15,000.		15,000.	0.			0.
17	TRUCKS - FORD	110321200DB		5.00	17	5,000.		5,000.	0.			0.
7	LAND	122117L				3678039.			3678039.			0.
8	BUILDING	122117SL		27.50	17	1226013.			1226013.	269,350.		0.
9	LOAN FEES	122117		12M	43	97,368.			97,368.	97,368.		0.
10	LOAN FEES - COMERICA	080818461		12M	43	7,671.			7,671.	7,671.		0.
11	LOAN FEES - PREMIER	112918461		360M	43	9,405.			9,405.	1,596.		0.
14	LOAN FEES	043019461		360M	43	233,768.			233,768.	36,363.		0.
15	RANGE ROVER	062320200DB		5.00	21	96,829.		96,829.	0.			0.
18	LOAN FEES	012521461		12M	43	22,889.			22,889.	22,889.		0.
	BUILDINGS											
13	BUILDING	0113119SL		27.50	17	11203618.			11203618.	2020045.		0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - ELAINE FARRELL

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl.	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* SCH E TOTAL BUILDINGS					11203618.			11203618.	2020045.		0.
	LAND					1244847.			1244847.			0.
	12LAND	013119L				1244847.			1244847.			0.
	* SCH E TOTAL LAND											
	* GRAND TOTAL SCH E DEPR. & AMORT.					2797457.		20,000.	2777457.	445,819.		0.
	* GRAND TOTAL SCH E DEPR. & AMORT.					5018496.			5018496.	375,985.		0.
	* GRAND TOTAL SCH E DEPR. & AMORT.					12801951.		96,829.	12705122.	2079297.		0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL - ELAINE FARRELL

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	LAND	072914L			730,054.		730,054.	0.	0.
2	RANCH	072914SL		39.00	1095080.		1095080.	265,581.	28,079.
3	AMT DEPRECIATION			39.00				265,581.	28,079.
3	LOAN FEES	072914		12M	43,145.		43,145.	43,145.	0.
4	LAND	072914L			361,426.		361,426.	0.	0.
5	RANCH	072914SL		39.00	542,139.		542,139.	131,480.	13,901.
5	AMT DEPRECIATION			39.00				131,480.	13,901.
6	LOAN COST	121216		120M	5,613.		5,613.	5,613.	0.
16	TRUCKS - TOYOTA	112221200DB		5.00	15,000.	15,000.	0.	0.	0.
17	TRUCKS - FORD	110321200DB		5.00	5,000.	5,000.	0.	0.	0.
7	LAND	122117L			3678039.		3678039.	0.	0.
8	BUILDING	122117SL		27.50	1226013.		1226013.	269,350.	44,582.
8	AMT DEPRECIATION			27.50				269,350.	44,582.
9	LOAN FEES	122117		12M	97,368.		97,368.	97,368.	0.
10	LOAN FEES - COMERICA	080818461		12M	7,671.		7,671.	7,671.	0.
11	LOAN FEES - PREMIER	112918461		360M	9,405.		9,405.	1,596.	314.
14	LOAN FEES	043019461		360M	233,768.		233,768.	36,363.	7,792.
15	RANGE ROVER	062320200DB		5.00	96,829.	96,829.	0.	0.	0.
18	LOAN FEES	012521461		12M	22,889.		22,889.	22,889.	0.
	BUILDINGS								

- NEXT YEAR FEDERAL - ELAINE FARRELL

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
13	BUILDING	013119	SL	27.50	11203618.		11203618.	2020045.	407,404.
	AMT DEPRECIATION							2020045.	407,404.
	* SCH E TOTAL BUILDINGS				11203618.		11203618.	2020045.	407,404.
	LAND								
12	LAND	013119			1244847.		1244847.	0.	0.
	* SCH E TOTAL LAND				1244847.		1244847.	0.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.				2797457.	20,000.	2777457.	445,819.	41,980.
	* TOTAL SCH E AMT DEPRECIATION							397,061.	41,980.
	* GRAND TOTAL SCH E DEPR. & AMORT.				5018496.		5018496.	375,985.	44,896.
	* TOTAL SCH E AMT DEPRECIATION							269,350.	44,582.
	* GRAND TOTAL SCH E DEPR. & AMORT.				12801951.	96,829.	12705122.	2079297.	415,196.
	* TOTAL SCH E AMT DEPRECIATION							2020045.	407,404.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	072914L				730,054.			730,054.			0.
2	RANCH	072914SL		39.0017		1095080.			1095080.	265,581.		0.
3	LOAN FEES	072914		12M	43	43,145.			43,145.	43,145.		0.
4	LAND	072914L				361,426.			361,426.			0.
5	RANCH	072914SL		39.0017		542,139.			542,139.	131,480.		0.
6	LOAN COST	121216		120M	43	5,613.			5,613.	5,613.		0.
16	TRUCKS - TOYOTA	112221200DB		5.00	17	15,000.			15,000.	9,870.		2,052.
17	TRUCKS - FORD	110321200DB		5.00	17	5,000.			5,000.	3,290.		684.
7	LAND	122117L				3678039.			3678039.			0.
8	BUILDING	122117SL		27.5017		1226013.			1226013.	269,350.		0.
9	LOAN FEES	122117		12M	43	97,368.			97,368.	97,368.		0.
10	LOAN FEES - COMERICA	080818461		12M	43	7,671.			7,671.	7,671.		0.
11	LOAN FEES - PREMIER	112918461		360M	43	9,405.			9,405.	1,596.		0.
14	LOAN FEES	043019461		360M	43	233,768.			233,768.	36,363.		0.
15	RANGE ROVER	062320200DB		5.00	21	96,829.			96,829.	80,097.		11,155.
18	LOAN FEES	012521461		12M	43	22,889.			22,889.	22,889.		0.
13	BUILDING	013119SL		27.5017		11203618.			11203618.	2020045.		0.
12	LAND	013119L				1244847.			1244847.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* GRAND TOTAL SCH E DEPR. & AMORT.					2797457.			2797457.	458,979.		2,736.
	* GRAND TOTAL SCH E DEPR. & AMORT.					5018496.			5018496.	375,985.		0.
	* GRAND TOTAL SCH E DEPR. & AMORT.					12801951.			12801951.	2159394.		11,155.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	LAND	072914L			730,054.		730,054.	0.	0.
2	RANCH	072914SL		39.00	1095080.		1095080.	265,581.	28,079.
3	LOAN FEES	072914		12M	43,145.		43,145.	43,145.	0.
4	LAND	072914L			361,426.		361,426.	0.	0.
5	RANCH	072914SL		39.00	542,139.		542,139.	131,480.	13,901.
6	LOAN COST	121216		120M	5,613.		5,613.	5,613.	0.
16	TRUCKS - TOYOTA	112221200DB		5.00	15,000.		15,000.	11,922.	1,641.
17	TRUCKS - FORD	110321200DB		5.00	5,000.		5,000.	3,974.	547.
7	LAND	122117L			3678039.		3678039.	0.	0.
8	BUILDING	122117SL		27.50	1226013.		1226013.	269,350.	44,582.
9	LOAN FEES	122117		12M	97,368.		97,368.	97,368.	0.
10	LOAN FEES - COMERICA	080818461		12M	7,671.		7,671.	7,671.	0.
11	LOAN FEES - PREMIER	112918461		360M	9,405.		9,405.	1,596.	314.
14	LOAN FEES	043019461		360M	233,768.		233,768.	36,363.	7,792.
15	RANGE ROVER	062320200DB		5.00	96,829.		96,829.	91,252.	5,577.
18	LOAN FEES	012521461		12M	22,889.		22,889.	22,889.	0.
13	BUILDING	013119SL		27.50	11203618.		11203618.	2020045.	407,404.
12	LAND	013119L			1244847.		1244847.	0.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.				2797457.		2797457.	461,715.	44,168.
	* GRAND TOTAL SCH E DEPR. & AMORT.				5018496.		5018496.	375,985.	44,896.
	* GRAND TOTAL SCH E DEPR. & AMORT.				12801951.		12801951.	2170549.	420,773.